

C. S. O. T.

Canadian Society of Orthopaedic Technologists

2010 MEMBERSHIP RENEWAL

NAME: Mr. _____
Mrs. _____
Ms. _____ (Surname) _____ (Given Name (s))

ADDRESS: _____
(Street) _____ (City)

(Province) _____ (Postal Code)

PHONE: _____
(Area Code) _____ (Home) _____ (Business)

EMAIL: _____

PLACE OF EMPLOYMENT: _____

ADDRESS: _____
(Street) _____ (City)

(Province) _____ (Postal Code)

Present Position: _____

(Please print legibly)
Manager of Fracture Clinic _____

Supervisor's Name and Position: _____

Membership Fee: (Please Check One _ Includes H.S.T.)

Registered:	Before December 31, 2009	\$163.00	<input type="checkbox"/>	After December 31, 2009	\$183.00	<input type="checkbox"/>
Full Memb:	Before December 31, 2009	\$163.00	<input type="checkbox"/>	After December 31, 2009	\$183.00	<input type="checkbox"/>
Associate:	Before December 31, 2009	\$102.00	<input type="checkbox"/>	After December 31, 2009	\$113.00	<input type="checkbox"/>
Industrial:	Before December 31, 2009	\$108.00	<input type="checkbox"/>	After December 31, 2009	\$118.00	<input type="checkbox"/>
Student:		\$ 92.00	<input type="checkbox"/>			
Retired Member:		\$ 86.00	<input type="checkbox"/>			

NUMBER OF HOURS WORKED FOR THE CURRENT YEAR AS AN ORTHOPAEDIC TECHNOLOGIST
FULL TIME PART TIME

NOTE: **Full Members:** After February 1, 2010 if fees are not paid it will be necessary for you to reapply for membership.

Registered Members: After February 1, 2010 notice will be sent to the Administrator of your Hospital advising that your certificate is no longer valid. If 12 months or more have lapsed, you will be asked to appear before an examining team and all outstanding monies owing the Society must be paid.

Total Amount Enclosed \$ REGISTRY NUMBER: Date

Make Cheque or Money Order Payable to: C.S.O.T.

Mail to: 18 Wynford Drive, Suite 715A

NSF Cheques - \$25.00 charge

North York ON M3C 3S2

Phone (416)445-4516 Fax (416) 489-7356

IF NOT COMPLETED IN FULL - THE FORM WILL BE RETURNED. MEMBERSHIP IS DUE AND PAYABLE ON THE 31ST DAY OF DECEMBER.

SUPPORT YOUR LOCAL CHAPTER - *To join, please contact the appropriate person listed below.*

ALBERTA CHAPTER

President: Brian Fandrick
2320 56th St. N.E. Calgary AB T1Y 4P6
403-293-5409

GRAHAM BELL CHAPTER

President: Joe Maulucci
73 Kent Rd., Brantford ON N3R 7X8
519-754-1908

MANITOBA CHAPTER

President: Mary Kate Turner
Pan Am Clinic, 75 Poseidon Bay, Winnipeg MB R3M 3E4
204-925-1522

NORTHTECHS CHAPTER

President: Eric Christiansen
15 Gloucester Dr. St. Albert, AB T8N 2A5
780-458-9211

TRILLIUM CIRCLE CHAPTER

President: Faye Gibson
200 Wellesley St.E. # 722, Toronto ON M4X 1G3
416-924-8974

WEST COAST CHAPTER

President: Doug Purvey
5627 Dove Place, Ladner BC V4K 3R2
604-946-1695

WASCANA CHAPTER

President: Ron Coburn
135 Dunsmore Dr., Regina SK S4R 7G3
306-766-4166

NIAGARA CHAPTER

President: Billie-Jo Whitty
51 Heritage Lane
Welland ON L3C 6Z4
905-732-6111 Ext. 33258